4: Hockings E-5 (1962-1977) 1980
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(diagnosticians + exorcists + male specialists + male therapists) = (female therapists + female specialists + midwives).

10.4. Generally when a therapist goes to treat somebody she notes which girls are regularly present and, over a series of cases in that particular village, she slowly teaches these few girls her craft so that they can carry on after her. (This is in fact what K. Sithamma did, and was how she herself learnt from her husband's mother.) Then if a particular trainee is not present when she goes to see a patient, that person is sent for. Unrelated trainees are sometimes unavailable at the time a therapist calls for them, because of household duties. However, a therapist often teaches her sons' wives the art, as these young women are regularly available for training, and morever are eager to please their husband's mother. Since coercion is typically not used, it is a self-selecting process for someone to become a therapist. One hears of no jealousy between therapists; the older ones want the young to learn from them if they are properly motivated. As these younger therapists take over in their villages the old ones can work less, but will still handle the most serious cases and may also be consulted by young therapists or midwives. Even so, there are some who retain certain professional secrets that they refuse to divulge to a younger person until just before they die. These secrets include treatment for the final stage of *ka:male* (7.9), for the final stage of Big Wind (7.10), the plant which can cure a girl's infertility (6.62), and the plant used in the more advanced treatment for a white spot on the conjunctiva (6.36). It is felt that these things should only be passed on by a dying therapist to the person he or she has accepted as the prime successor. More generally, we may note that the professionalization of Badaga medical knowledge is sufficient to pose a barrier to its acquisition by laymen. A therapist sets and maintains her own conditions for selecting and training another generation, and tries to enforce her own standards of practice (Young 1976 : 10). Furthermore, the number of her patients declines as a therapist gets old. This is partly because the younger therapists are taking over, partly because the old person's hands may not be strong enough, for example, to deliver a child, and partly because many of the Badagas are now turning to scientific medicine.

There is no school or other formal institution for training Badaga therapists, and probably none of them has attended the large

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Ayurvedic colleges that can be found elsewhere in India: Ayurveda is for them an alien medical system, taught in a foreign language beyond the Nilgiris.

There do seem to be some differences between the practices of male and of female therapists. Most obviously, women deal with gynaecology and obstetrics, while men deal with illnesses like Big Wind which involve baring a male patient's genitals. Men also tend to treat skin diseases, defective limbs, deafness, etc., while women tend to concentrate on all the illnesses affecting women and children. Otherwise therapists of either sex do treat patients of either sex, insofar as propriety will allow. The manner of treatment varies somewhat, however, in that male therapists often use spells (*mantras*) in their curing, whereas female therapists rarely if ever do, but instead rely more on herbal medicines.

10.5. When a person contracts an illness he first goes to a therapist in his own or a neighbouring village. If that person cannot effect a cure the patient, perhaps escorted by his therapist, goes to seek the advice of a more distant therapist who is noted for his abilities with an appropriate treatment. Only if this specialist also fails with the patient does he go to a Western or an Ayurvedic doctor, who usually lives in one of the towns and is a non-Badaga. The above is not however an invariable route for the dissatisfied patient, for there are other factors that may guide him differently. Thus if he is closely related to a therapist in a distant village, or a Western-style doctor in town, he may go to that person first. If there are young college-educated people in his family, they may encourage him to go directly to a hospital. Or if the treatment recommended by a Western or Ayurvedic doctor is too costly, a poor person may be obliged to continue his treatment at the hands of a Badaga village therapist; or he may go to a Kurumba specialist instead. There is thus considerable variation in the management of an illness.

There is also some variation in payment practices. It is usual to give some small fee, if only as a courtesy, to all therapists, male and female, for any kind of treatment. Kurumba specialists now expect a substantial 100-200 rupees for a treatment. K. Sithamma however was an example of a therapist who was told by her eldest son that, because of their family's respectable position in society, she should not accept any fees whatever; this was also the case with her mother-in-law and with some others. Sithamma felt